

STANDARD CERTIFICATE OF DEATH

FILED OCT 30 1957

37462

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9951

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp</u>				Length of stay in lb <u>3 days</u>		4. STREET ADDRESS (If outside, give location) <u>1252 Goodfellow Blvd</u>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>T</u> Last <u>Gilmore</u>				4. DATE OF DEATH Month <u>October</u> Day <u>22</u> Year <u>1957</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 4, 1881</u>	
9. AGE (In years, day birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist (Retired)</u>		11. BIRTHPLACE (City and state or country) <u>Bradford, England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA - 73 years</u>	
13a. FATHER'S NAME <u>James P. Gilmore</u>				13b. MOTHER'S MAIDEN NAME <u>Catherine Bourke</u>		14. NAME OF HUSBAND OR WIFE <u>Anna A. Gilmore</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT Address <u>Mrs. Anna A. Gilmore, 1252 Goodfellow Bl</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>?</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10/20/57</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>3:55</u> a.m. <u>PM</u> Month, Day, Year <u>10/20/57</u>				20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. Attended the deceased from <u>10/20/57</u> to <u>10/22/57</u> and last saw her alive on <u>10/22/57</u> Death occurred at <u>3:55 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>Charles J. Harris MD</u>			
22b. ADDRESS <u>52980 Page</u>				22c. DATE SIGNED <u>10/24/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>October 25, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Math Hermann & Son, Inc., 2161 E. Fair Av</u>				25. DATE RECD. BY LOCAL REG. <u>OCT 24 '57</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clement McHenry*

Licensed Embalmer No. *3732*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.